

BRAZIL

PREFACE

Today there is widespread recognition among Member States and United Nations entities that drugs, together with organized crime, jeopardize the achievement of the Millennium Development Goals. It is increasingly clear that drug control must become an essential element of our joint efforts to achieve peace, security and development. At the same time, we must reinforce our commitment to shared responsibility and the basic principles of health and human rights.

The *World Drug Report* documents developments in global drug markets and tries to explain the factors that drive them. Its analysis of trends and emerging challenges informs national and international drug and crime priorities and policies, and provides a solid foundation of evidence for counternarcotics interventions.

Drug markets and drug use patterns change rapidly, so measures to stop them must also be quick to adapt. Thus the more comprehensive the drug data we collect and the stronger our capacity to analyze the problem, the better prepared the international community will be to respond to new challenges.

Recent trends

Despite increased attention to drug demand reduction in recent years, drug use continues to take a heavy toll. Globally, some 210 million people use illicit drugs each year, and almost 200,000 of them die from drugs. There continues to be an enormous unmet need for drug use prevention, treatment, care and support, particularly in developing countries.

Drug use affects not only individual users, but also their families, friends, co-workers and communities. Children whose parents take drugs are themselves at greater risk of drug use and other risky behaviors. Drugs generate crime, street violence and other social problems that harm communities. In some regions, illicit drug use is contributing to the rapid spread of infectious diseases like HIV and hepatitis.

Heroin consumption has stabilized in Europe and cocaine consumption has declined in North America – the most lucrative markets for these drugs. But these gains have been offset by several counter-trends: a large increase in cocaine use in Europe and South America over the last decade; the recent expansion of heroin use to Africa; and increased abuse of synthetic ‘designer drugs’ and prescription medications in some regions.

Meanwhile, new drug use profiles are also emerging: consumption of combinations of drugs rather than just one illicit substance is becoming more common, and this increases the risk of death or serious health consequences. On the supply side, illicit cultivation of opium poppy and coca bush is now limited to a few countries, but heroin and cocaine production levels remain high.

Although 2010 saw a significant decrease in opium production, this was largely due to a plant disease that affected opium poppies in the major growing regions of Afghanistan. Yet between 1998 and 2009, global production of opium rose almost 80 per cent, which makes the 2010 production decline less significant over the last decade. Meanwhile, the market for cocaine has not shrunk substantially, it has

simply experienced geographical shifts in supply and demand. Just a decade ago, the North American market for cocaine was four times larger than that of Europe, but now we are witnessing a complete rebalancing. Today the estimated value of the European cocaine market (\$33 billion) is almost equivalent to that of the North American market (\$37 billion).

Drug trafficking, the critical link between supply and demand, is fuelling a global criminal enterprise valued in the hundreds of billions of dollars that poses a growing challenge to stability and security. Drug traffickers and organized criminals are forming transnational networks, sourcing drugs on one continent, trafficking them across another, and marketing them in a third. In some countries and regions, the value of the illicit drug trade far exceeds the size of the legitimate economy. Given the enormous amounts of money controlled by drug traffickers, they have the capacity to corrupt officials. In recent years we have seen several such cases in which ministers and heads of national law enforcement agencies have been implicated in drug-related corruption. We are also witnessing more and more acts of violence, conflicts and terrorist activities fuelled by drug trafficking and organized crime.

A stronger multilateral response to illicit drugs

In the face of such diverse and complex challenges, we must improve the performance of our global response to illicit drugs.

This year is the 50th anniversary of the keystone of the international drug control system: the 1961 Single Convention on Narcotic Drugs. Its provisions remain sound and highly relevant, as does its central focus on the protection of health. The international community must make more effective use of all three Drug Conventions as well as the Conventions against Transnational Organized Crime and Corruption. Mobilizing these powerful international legal instruments, together with existing law enforcement and judicial networks, can strengthen transnational cooperation in investigating and prosecuting drug traffickers, combating money-laundering, and identifying, freezing and confiscating criminal assets.

A comprehensive and integrated approach can also help us to confront the global threat from drugs more effectively. We must build new partnerships. Governments and civil society must work together. States have to join forces in promoting regional cooperation. This strategy is already having some success against drugs originating in Afghanistan. The Paris Pact unites more than 50 States and international organizations to counter traffic in and consumption of Afghan opiates.

Regional counternarcotics information-sharing and joint cooperation initiatives like the Triangular Initiative (involving Afghanistan, the Islamic Republic of Iran and Pakistan), the Central Asian Regional Information and Coordination Centre and Operation TARCET (initiative to prevent the smuggling of precursors to Afghanistan) have intercepted and seized tons of illicit drugs and precursor chemicals. Building on the lessons of the Paris Pact, the Group of Eight, under the leadership of the French Presidency, recently launched an initiative to create a unified response to tackle the global cocaine market.

We also must ensure that supply and demand reduction efforts work together rather than in parallel. On the supply side, if we are to make real progress against heroin and cocaine, we must address illicit cultivation in a more meaningful and coordinated way. We have many tools at our disposal, including alternative livelihoods. Governments and aid agencies must invest more in development, productive employment and increased security. Crop eradication can also play a role, as a national responsibility with international support and assistance and in combination with programmes that help farmers shift to the cultivation of licit crops. We must also develop new strategies for preventing the diversion of chemicals that are used to make synthetic 'designer drugs' and to turn coca bush and opium poppies into cocaine and heroin.

On the demand side, there is growing recognition that we must draw a line between *criminals* (drug traffickers) and their *victims* (drug users), and that treatment for drug use offers a far more effective cure than punishment.

We are seeing progress in drug use prevention through family skills training, and more attention is being paid to comprehensive HIV prevention, treatment and care. As an essential part of demand reduction efforts, we also need to more vigorously raise public awareness about illicit drugs, and facilitate healthy and fulfilling alternatives to drug use, which must not be accepted as a way of life.

Better data and analysis to enrich policy

A lack of comprehensive data continues to obstruct our full understanding of the markets for illicit drugs. The gaps are more prominent in some regions, such as Africa and Asia, and also around new drugs and evolving consumption patterns.

More comprehensive data collection allows for more and better analysis, which in turn enriches our response to the world drug challenge. I urge countries to strengthen their efforts to collect data on illicit drugs, and I encourage donors to support those countries that need assistance in these efforts.

If we can strengthen our research and analysis, we can better understand the drug phenomenon and pinpoint areas where interventions are most likely to achieve positive results.

I would like to thank the teams of skilled surveyors who gather data on cultivation and production levels of illicit crops in the world's major drug-producing regions. The information they collect is of strategic importance to the efforts of both the Governments concerned and the international community to make our societies safer from drugs and organized crime. In addition, their data forms the core of this report. These brave individuals work in challenging and sometimes dangerous conditions. Sadly, in May 2011 a team of UNODC crop surveyors in the Plurinational State of Bolivia lost their lives while on the job. I would like to pay tribute to their courage and commitment, and dedicate this report to their memory.

REFERENCES TO BRAZIL

1. OVERVIEW OF GLOBAL AND REGIONAL DRUG TRENDS AND PATTERNS

1.2 Regional overview

Infectious diseases among injecting drug users

Around one in five injecting drug users is HIV positive ...

Based on information compiled by UNODC, the global average prevalence of HIV among injecting drug users is estimated at 17.9%, or equivalently, 2.8 million people who inject drugs are living with HIV. This is consistent with the estimate of 3.0 million (range 0.8-6.6 million) presented by the Reference Group to the UN on HIV and injecting drug use. High levels of HIV infections are, in general, found among marginalized populations of drug users as well as among those in prison settings. (pag. 30)

According to the Reference Group, there are large geographical variations in the prevalence of HIV among injecting drug users, with the largest numbers and highest rates in Latin America, East Europe, and East and South-East Asia. Combined, these regions account for 73% of the global number of injecting drug users living with HIV. In some countries, the prevalence of HIV among injecting drug users is extremely high, such as in Estonia (72%), Argentina (50%) and Brazil (48%).(pag. 30)

ERRATUM:The data on HIV prevalence among injecting drug users in Brazil which is in the report has as reference the article of the United Nations Reference Group on HIV and Injecting Drug Use, published on the LANCET magazine in 2008.The data on Brazil (48% prevalence) refers to the year of 2000. Nowadays, the country has, based on more recent studies done in 2009, an estimate prevalence of some 8.2%.

1. OVERVIEW OF GLOBAL AND REGIONAL DRUG TRENDS AND PATTERNS

1.2 Regional overview

1.2.2 South America, Central America and the Caribbean

Illicit drug use

The most prevalent prescriptions drugs in the region seem to be prescription opioids. High prevalence of the non-medical use of prescription opioids has been reported by Costa Rica, Brazil and Chile. Most of the ATS use in the region is linked to diverted prescription stimulants (legally prescribed mainly as anorectics or for the treatment of attention deficit disorders). High levels of consumption have been reported for 2009, in particular from Argentina, Brazil and, to a lesser extent, Chile. (pag. 37)

2. THE OPIUM/HEROIN MARKET

2.2. Consumption

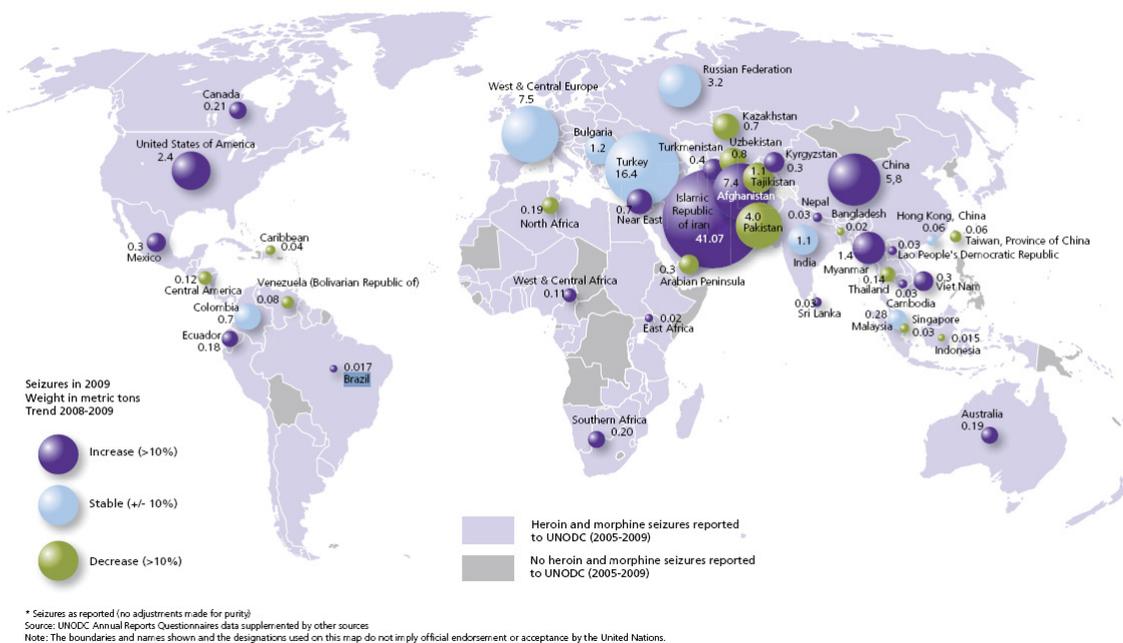
In South America, the annual prevalence of opioid use (mainly non-medical use of prescription opioids) is estimated at between 0.3 - 0.4% of the adult population, or between 850,000 - 940,000 people aged 15 - 64. The Plurinational State of Bolivia (0.6%), Brazil (0.5%) and Chile (0.5%) remain countries with high opioid use rates. In Central America, Costa Rica's rate is higher than the global average (2.8%). In South and Central America, codeine-based preparations are among the most commonly used opioids. Treatment demand in the entire region has remained stable over the past few years.

In 2009, 9.6% of treatment cases were related to opioid use. (pag. 51)

2.4 Trafficking

Seizures

Map 10: Seizures of heroin and morphine, 2009 (countries and territories reporting seizures* of more than 10 kg)



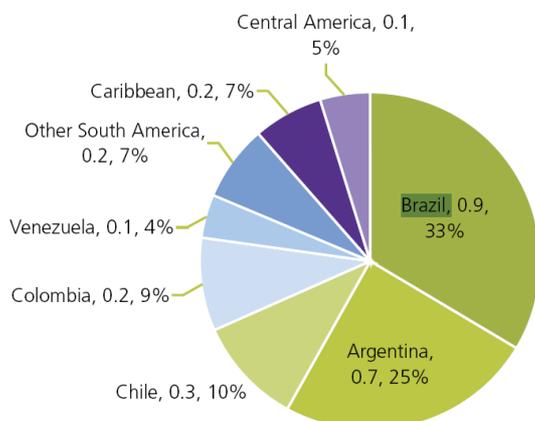
45 Heroin seizure totals fell slightly in 2005 and 2006, but only by 3.5%

3. THE COCA/COCAINE MARKET

3.2 Consumption

Fig. 55: Cocaine use in South and Central American and Caribbean countries, in million persons and % of total (N = 2.7 million in 2009)

Source: UNODC ARQ.



Cocaine use is now generally perceived to be stable in South and Central America

There is no update on the extent of cocaine use in South and Central America. Argentina (2.6%), Chile (2.4%) and Uruguay (1.4%) remain countries with high prevalence of cocaine use among the general population in these sub regions. The three Southern Cone countries, Brazil, Argentina and Chile, together account for more than two thirds of all cocaine users of South America, Central America and the Caribbean. The Caribbean countries account for 7% of the total and Central America for 5%.

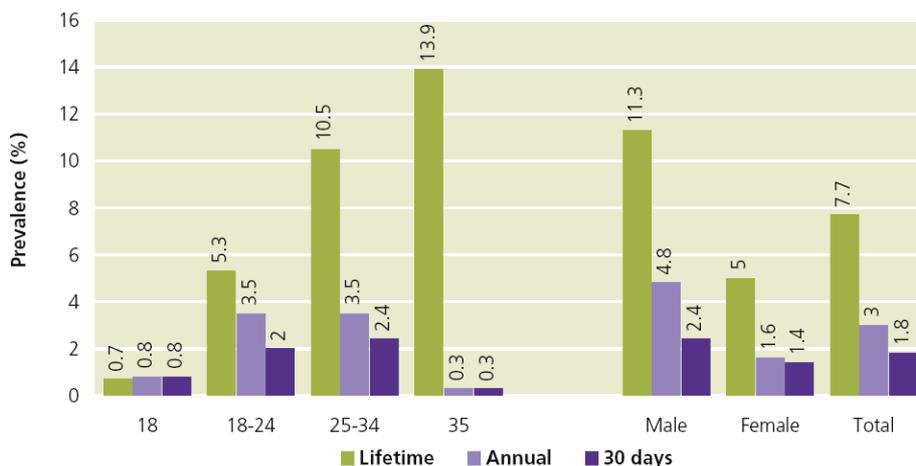
Although Brazil has a lower prevalence rate of 0.7% of the population aged 15-64, because of its large population, the country has the highest number of cocaine users (900,000) in South America. According to a national survey conducted in 2009 among university students

in Brazil, the annual prevalence of cocaine use was 3% of students aged 18 to 35. Cocaine use was much lower among female students than male. Among the students aged 18-24 and 25-34, comparable levels

of recent and current cocaine use were reported, which was much higher than compared to cocaine use reported among the students 18 or 35 years old. (pag. 91)

Fig. 56: Brazil: Cocaine use among university students, 2009

Source: Nacional Sobre O Uso De Álcool, Tabaco E Outras Drogas Entre Universitarios Das 27 Capitais Brasileiras, Secretaria Nacional Politicas sobre Drogas.

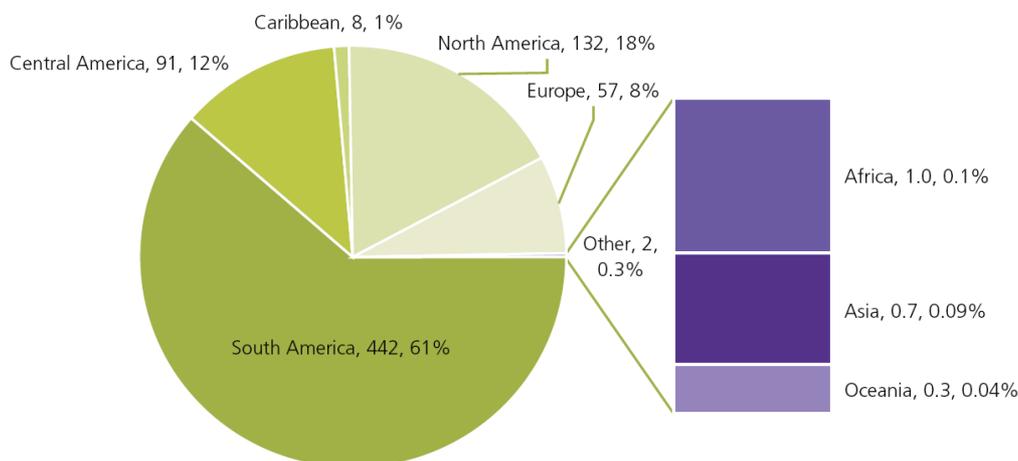


9 Andrade, A.G., Duarte, P. and Oliveira, L.G., *I Levantamento Nacional Sobre O Uso De Alcool, Tabaco E Outras Drogas Entre Os Universitarios Das 27 Capitais Brasileiras*, Secretaria Nacional Politicas sobre Drogas, Brasilia, 2010.

3.4 Trafficking

Fig. 71: Distribution of global cocaine seizures by region, 2009

Source: UNODC ARQ.



The origin of cocaine consumed in Europe seems to be more evenly distributed. In terms of cocaine seizure cases, cocaine from Colombia accounted for 8% of the cocaine seized in Europe over the 2008-2010 period, Peru for 7% and the Plurinational State of Bolivia for 5% (based on information from 13 European countries). The rest (80%) can only be traced back to various transit countries in the Americas (notably Argentina, the Dominican Republic, Brazil, Costa Rica, Panama, Ecuador and Paraguay), Africa (notably Senegal, Mali, Guinea and Nigeria) and Europe (notably Spain, the Netherlands and Portugal). (pág. 107)

Fig. 72: Cocaine seizures in the Americas, 1999-2009

Source: UNODC DELTA.

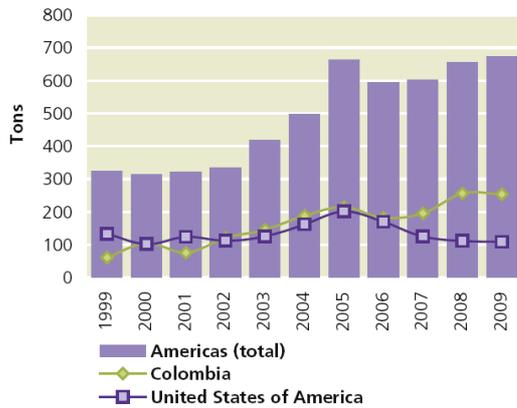
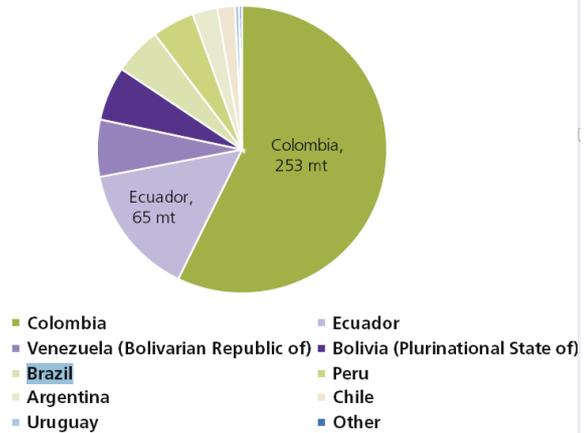


Fig. 73: Cocaine seizures in South America, by country, 2009

Source: UNODC DELTA.



In 2008, seizures of cocaine reached relatively high levels in both the Plurinational State of Bolivia and Peru, compared to previous years. Since then, seizures in Bolivia essentially sustained the high level, amounting to 27 mt in 2009 and 29 mt¹⁵ in 2010, while seizures in Peru receded to 21 mt (from 28 mt in 2008) and rose back to 31 mt¹⁶ in 2010. The Plurinational State of Bolivia assessed that, in 2009, more than 95% of cocaine trafficking on its territory occurred by land; moreover, according to Bolivian authorities, cross-border trafficking occurred from Bolivia into Argentina, Brazil and Chile and also from Peru into Bolivia. In contrast, according to Peruvian authorities, international trafficking organizations operating in Peru preferred maritime routes, with the ports of Callao, Chimbote and Paita being the main points of departure. A variety of other trafficking methods are also used in Peru, including land routes, rivers, couriers, postal services and flights from clandestine airfields. (pag.109)

In recent years, seizures of cocaine have also increased significantly in Brazil, going from 8 mt in 2004 to 24 mt in 2009, of which 1.6 mt were seized in five aircraft interceptions. In 2009, Brazil was the most prominent transit country in the Americas - in terms of number of seizures - for cocaine consignments seized in Europe. The number of seizure cases which involved Brazil as a transit country rose from 25 in 2005 (amounting to 339 kg of cocaine) to 260 in 2009 (amounting to 1.5 mt). (pag. 109)

According to the World Customs Organization, in 2009 the most important secondary distribution countries (apart from the Plurinational State of Bolivia, Colombia and Peru) were the Bolivarian Republic of Venezuela, Ecuador, Brazil and Argentina (ranked in order of the total weight of seized consignments departing from a given country). With regard to cocaine reaching Europe, the World Customs Organization also noted the high quantity of cocaine arriving from Ecuador and the growing significance of Brazil and Suriname. With regard to cocaine reaching Africa, WCO noted that Brazil was the only South American country mentioned as a departure country for customs seizures made in Africa in 2009. (pag. 109)

Fig. 74: Cocaine seizures in Europe transiting selected countries in the Americas, by number of cases, 2005-2009

Source: UNODC IDS.

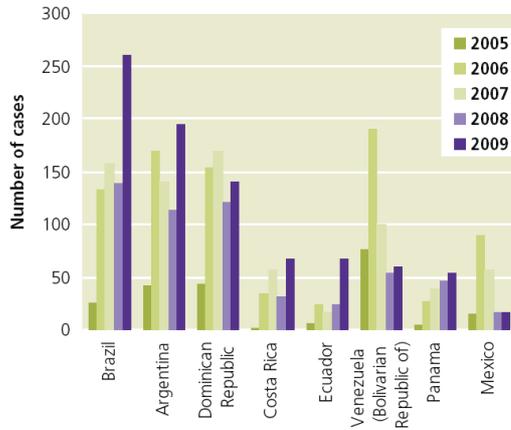
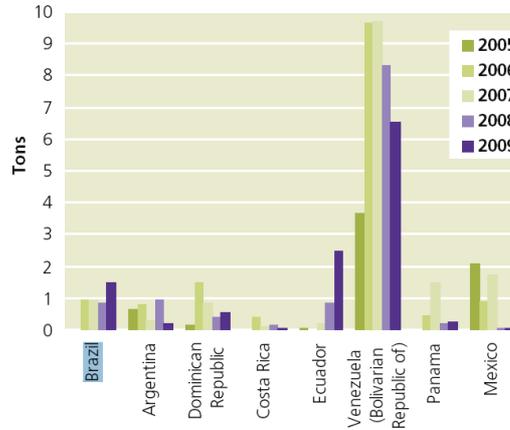


Fig. 75: Cocaine seizures in Europe transiting selected countries in the America, by quantity seized, 2005-2009

Source: UNODC IDS.



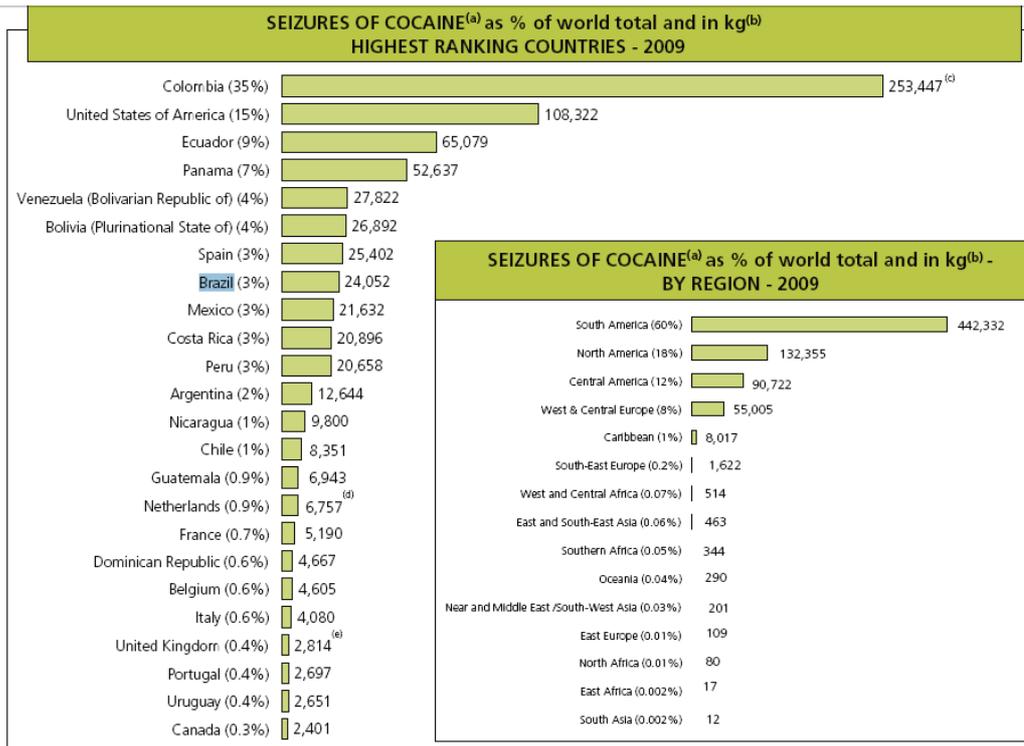
Several countries in the Americas, notably in Central America and the Caribbean, as well as Brazil, the United States and the Bolivarian Republic of Venezuela, report seizures of crack-cocaine as well as cocaine base or cocaine salts. In 2009, seizures of crack-cocaine amounted to 194 kg in Panama, 163 kg in the United States and 80 kg in the Bolivarian Republic of Venezuela; in 2008, the largest quantity was seized in Brazil (374 kg). In 2009, the largest number of such seizures worldwide were reported by the Dominican Republic (4,173 seizure cases), Canada (1,822) and the Bolivarian Republic of Venezuela (1,643). (pag. 111)

Europe

Romania reported cocaine seizures of 1.3 mt in 2009; this appears to include a single seizure of 1.2 mt at the port of Constanta, from two containers that arrived from the port city of Paranagua, Brazil in January 2009. The ensuing investigation also led to the seizure of 3.8 mt of cocaine in Paranagua in February 2009, also destined for Romania.(pag. 112)

The Asia-Pacific

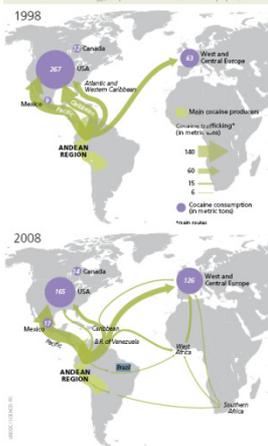
Colombia, Panama, Argentina, Canada, the United States, Brazil, the United Arab Emirates, Singapore, South Africa, the Plurinational State of Bolivia, Kenya and the Netherlands were all embarkation countries for the import of cocaine consignments larger than 1 kg. Moreover, Australia pointed to a possible shift away from imports of small quantities of cocaine. (pag. 114)



^(a) Includes cocaine HCl, cocaine base and crack-cocaine.
^(b) Seizures as reported (no adjustment for purity).
^(c) Excluding 1.9 tons of "basuco".
^(d) Data relative to 2008. Data for 2009 from the Netherlands were not available.
^(e) Data for the United Kingdom for 2009 are based on incomplete data for some jurisdictions for the financial year 2009/10, and adjusted for the missing jurisdictions using the latest available complete distribution (relative to the financial year 2006/07).

Map 22: Global cocaine flows, 1998 and 2008

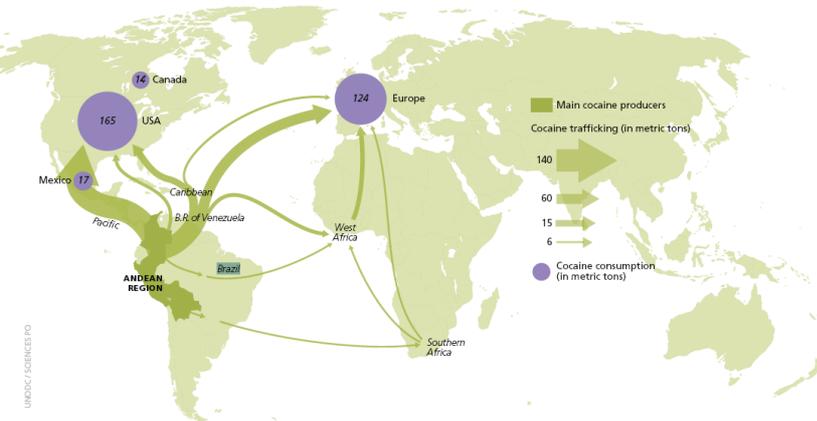
Source: UNODC World Drug Report 2009 and UNODC calculations informed by US ONDCI, Cocaine Consumption Estimates Methodology, September 2008 (internal paper).



Current trafficking flows to main consumer markets

Map 23: Main global cocaine flows, 2009

Source: UNODC, World Drug Report 2010, updates for 2009.



4. The ATS market

4.2 Consumption

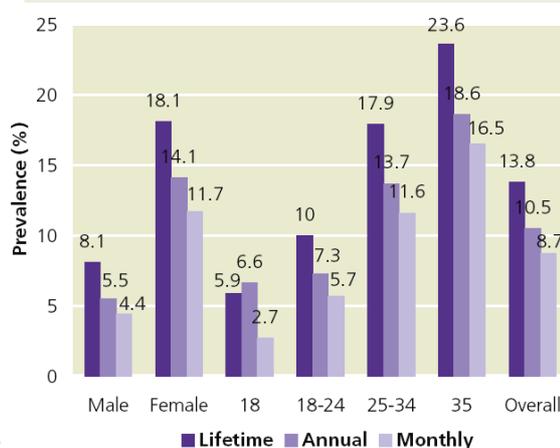
Fig. 98: Annual prevalence of amphetamines-group substances use in South America among the population aged 15-64, latest year available

Source: UNODC ARQ.



Fig. 99: Brazil: Prevalence of amphetamine use among university students, 2009

Source: I Levantamento Nacional Sobre O Uso De Álcool, Tabaco E Outras Drogas Entre Universitarios Das 27 Capitais Brasileiras, Secretaria Nacional Políticas sobre Drogas, Brasília, 2010.

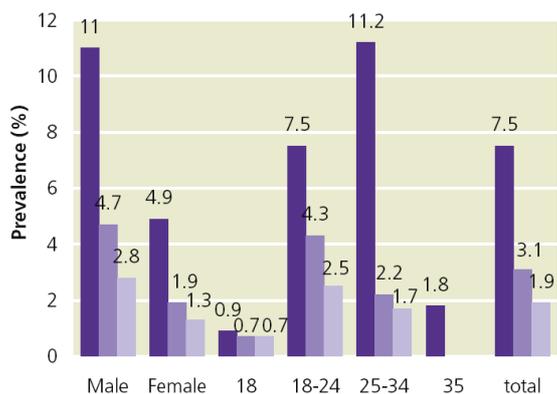


Amphetamines-group substance use in South America appears to remain stable

There is no updated information on the prevalence of amphetamines-group substance use in South America. Existing information shows that the annual prevalence of amphetamines-group substance use in South America remains close to the world average, with estimates ranging between 0.5% and 0.7% of the population aged 15-64 or between 1.34 and 1.89 million people in that age group who had used these substances in the previous year. Compared to 2008, most of the countries reporting from the region perceive trends of amphetamine and methamphetamine use as being stable in 2009. Brazil, the Bolivarian Republic of Venezuela and Argentina remain countries with a high prevalence and absolute number of users of amphetamine and methamphetamine in South America. (pag. 132)

Fig. 114: Brazil: prevalence of 'ecstasy' use among university students, 2009

Source: I Levantamento Nacional Sobre O Uso De Álcool, Tabaco E Outras Drogas Entre Universitarios Das 27 Capitais Brasileiras, Secretaria Nacional Políticas sobre Drogas.



In a national survey conducted among university students in Brazil in 2009, the annual prevalence of amphetamines use among the students was reported as 10.5%. The annual prevalence was higher among female students (14.1%) than male students (5.5%), and was also higher among the older students, that is, those who were 35 years or older (18.6%), followed by students aged between 25-34 years (13.7%). The use of amphetamine - like substances is reportedly more common among women due to their anorexic effects and a prevalent culture to use medications for weight loss purposes. (pag. 132)

In Brazil, the annual prevalence of 'ecstasy' use according to a national survey conducted among university students in 2009 was 3.1%, clearly

exceeding UNODC's general population estimates of around 0.2%. Like in the rest of the world, 'ecstasy' use was found to be more common among male than female students. The annual and past 30 days prevalence was higher among students aged 18-24 than for any other age group. (pag. 142)

Shift in ecstasy manufacture

Manufacture of ecstasy increasingly takes place in regions other than Europe, such as East and South-East Asia, North America, Oceania and Latin America. Illicit manufacture of ecstasy has been reported in Argentina, Belize, Brazil, Guatemala, Mexico and Suriname. In Brazil, a small-scale laboratory was seized in 2008 and another, more commercial-size operation in 2009, which included the seizure of 20,000 tablets. (pag. 151)

Central America, South America and the Caribbean

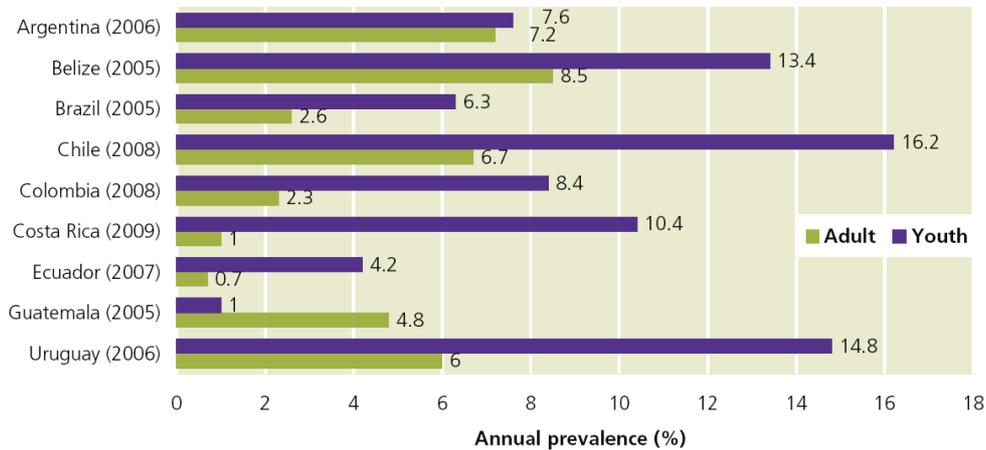
In 2010, Brazil seized 2,740 'ecstasy' tablets and 5,910 units of methamphetamine. Brazilian authorities seized one 'ecstasy' laboratory in 2008⁵⁷ in the state of Paraná, and, according to preliminary data, one 'ecstasy' laboratory, again in Paraná, as well as one methamphetamine laboratory in the state of Santa Catarina, in 2009. Chile seized one laboratory manufacturing mescaline in 2009. Seizures and investigations by Chilean authorities also point to trafficking of ephedrine from Chile to Mexico. Colombia seized 126,573 ATS tablets in 2009, including 23,477 'ecstasy' tablets. (pag. 158)

5. THE CANNABIS MARKET

Fig. 146: Annual prevalence of cannabis use among adult and youth* populations in selected countries in the Caribbean, Central and South America

* Youth: Argentina and Uruguay 13-17 years; Belize ages 13,15 and 17; Brazil, Chile and Colombia 15-16 years; Costa Rica grade 10; Ecuador 12-17 years; Guatemala 12-19 years.

Source: UNODC ARQ.



5.4 Trafficking

Americas

Large quantities of cannabis herb, as well as cannabis plants, continued to be seized in South America. Seizures in this region peaked at 946 mt in 2007 and since then fell twice in succession, standing at 598 mt in 2009. The largest seizures were registered in Colombia, where seizures declined from 255 mt in 2008 to 209 mt, and in Brazil, where seizures also fell, from 187 mt in 2008 to 131 mt. In relative terms, a significant increase was registered in the Bolivarian Republic of Venezuela, where seizures rose by 58% in 2009, reaching 33 mt – the highest level since 1990. (pag. 194)

Fig. 160: Growth of aggregate cannabis* seizures in selected South American countries, 1997-2009 (baseline: 1997)

*Cannabis herb, plant, resin, oil and seed. For the purposes of aggregation, one cannabis plant is assumed to have a weight of 100 grams.

Source: UNODC DELTA.

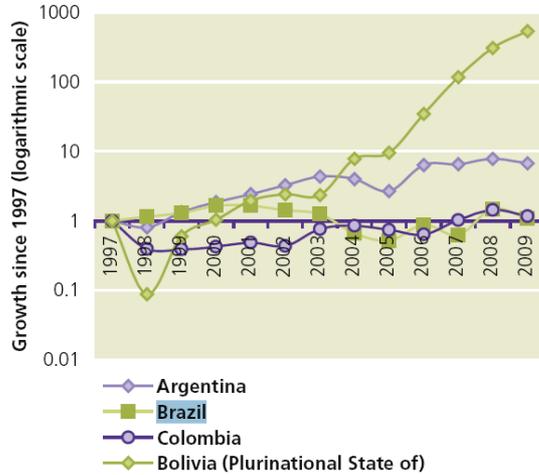


Fig. 161: Africa: seizures of cannabis herb by subregion, 1999-2009

Source: UNODC DELTA.

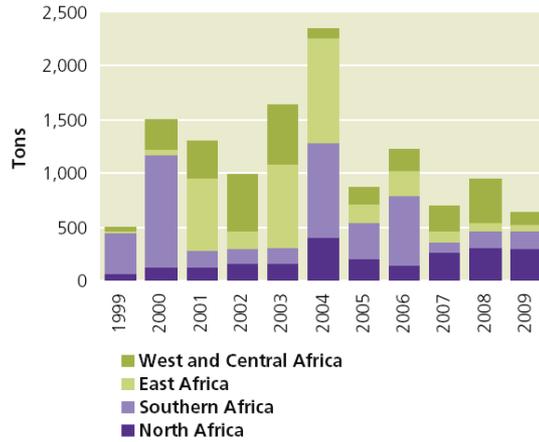
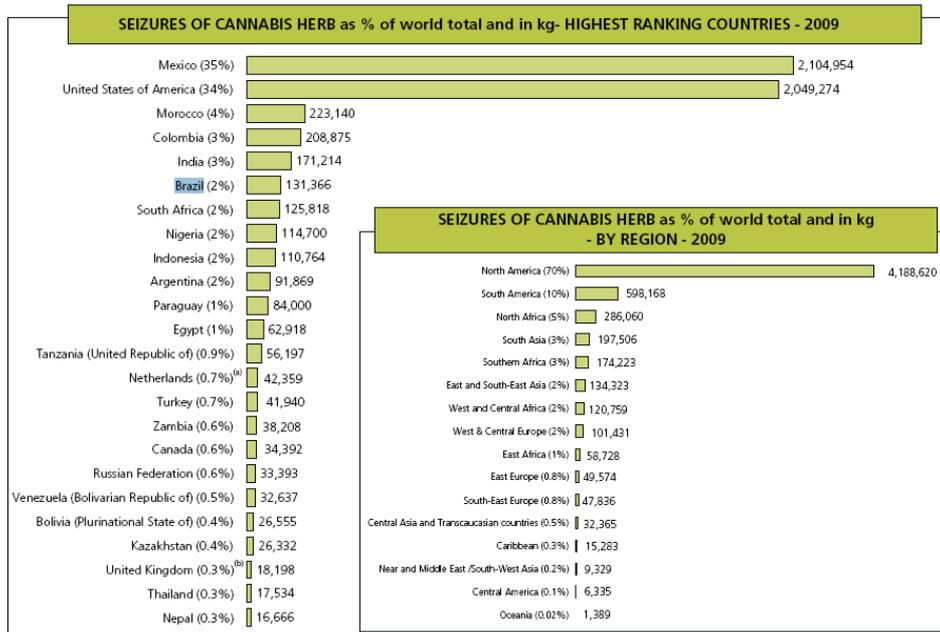


Fig. 162: Africa: cannabis herb seizures, by country, 2009

Source: UNODC DELTA.

Year	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Metric tons	4,042	4,680	5,504	5,076	6,295	6,739	4,901	5,932	5,982	5,510	6,022



^(a) Data relative to 2008. Data for 2009 from the Netherlands were not available.

^(b) Data for the United Kingdom for 2009 are based on incomplete data for some jurisdictions for the financial year 2009/10, and adjusted for the missing jurisdictions using the latest available complete distribution (relative to the financial year 2006/07).

Approach 1.

The global estimates of the number of people using each of the five drug groups in the past year were added up. Taking into account that people use more than one drug type and that these five populations overlap, the total was adjusted downward. The size of this adjustment was made based upon household surveys conducted in the USA, Canada, Australia, the United Kingdom, Italy, Brazil, Mexico, Germany, Spain, Argentina, Chile, the Plurinational State of Bolivia, Peru, Indonesia and the Philippines, which assessed all five drug types, and reported an estimate of total illicit drug use. Across these studies, the extent to which adding each population of users overestimated the total population was a median value of 126%. The summed total was therefore divided by 1.26. (pag. 260)